

**RESIDENTIAL SEWER LATERAL
REPAIR PROGRAM
Application**

Date Application Submitted: _____

Property Address: _____

Property Owner Name & Address (if different from property address:)

Daytime Phone Number: _____ Evening Phone Number: _____

Name & Phone Number of Plumbing Contractor: _____

Plumbing Contractor's Reason for Repair: _____

Has MSD been contacted? Yes / No

Has the line been dye tested? Yes / No

Has the main been videotaped? Yes / No

Is video of lateral available to City? Yes / No

Where is repair? Street / Sidewalk / Private Property

Owner's Signature _____ Date: _____

Please submit any attachments with this application to the Public Works Department
City of Clayton, Public Works Department, 10 N. Bemiston, Suite 113, Clayton, MO 63105

**DO NOT WRITE BELOW THIS LINE
CITY OF CLAYTON OFFICE USE ONLY**

Copy of Paid Tax Receipt? _____

Copy of Master Plumber/Drainlayer's Certification? _____

Has the bill been paid in full? _____

Proof of payment (cancelled check, paid receipts, etc)? _____